

Ad Hoc TQRIS Work Group

Teleconference: Monday October 15, 2012

10:30 – 11:30 am

Conference Line: 888-494-4032 Access Code: 5880611393

Meeting Summary

Attendees: Theresa Hawley, Tom Layman, Carol Morris, Anne Wharff, Cindy Zumwalt, Rhonda Clark, Christine Robinson, Debbie McCarrel, Lauri Morrison-Frichtl, Gina Ruther, Nancy Shier, Judith Walker Kendrick, Serah Fatani, Laurie Walker, Jeanna Capito, Alex Thomason, Laurie Rhodes, Teri Talan, Holly Knicker, Kim Collins, Joni Scritchlow and Nicole Gillis.

Theresa Hawley, Facilitator

Purpose today is to bring everyone up to date with regard to Illinois RTT application. Grant deadlines are now in place:

- **Due date of October 26** (38 days of preparation time). Everything is focused on getting the grant completed to meet this tight deadline.

Theresa has had conversations with federal officer at Department of Education and confirmed Illinois will not have fully completed work on definitions of levels, etc. by the time of grant submission. This is acceptable and in line with Illinois' previous application.

Status of work underway: Charge to everyone on the TQRIS Ad Hoc Committee was to work in small teams/groups on *Award of Excellence*. TQRIS committee members and other experts are needed for this work. Groups and coordinator include:

- **Program Administration:** Teri Talan
- **Preschool & Instructional Excellence:** Ounce/Debra Pacchiano
- **Infant Toddler:** Jeanna Capito
- **Special Needs Inclusion:** Pam Reising-Rechner
- **Family Engagement:** Granada Williams
- **Cultural and Linguistic Diversity:** Karen McCarthy

Groups are just beginning – only a couple groups have actual meeting dates while others are in process of forming. Developments/suggestions from these small groups will be shared for further discussion at the Ad Hoc TQRIS meeting on October 31. *If you have not been contacted and wish to be part of any of these groups, please self-identify.*

Budget: anticipate being able to develop needed resources to assist programs in moving up levels of quality through the grant. Utilization of RTT resources will provide the necessary supports to increase quality. Some of this work will be specific to the CCR&R's (training supports) and utilization of training quality specialists. The budget also provides for trainings being developed and offered through Illinois Trainer's Network. Work is beginning on *preschool instructional excellence* which will include development of additional training supports.

Over-arching idea of structuring the grant: *What requires a statewide investment* – e.g. work on data systems and infrastructure to support programs as they develop their quality improvement plans or utilization of Quality Specialists requires state investments to achieve. Potential provision of specific supports (e.g.

intensive coaching, curriculum supports, etc.) will be part of more intensive strategies for 6 – 8 identified communities. The vision is that a menu will allow identified communities to choose from supports designed to improve their quality rating. There are two levels within the grant: (1) statewide supports and infrastructure and (2) specific targets toward 6-8 focus communities.

Illinois has three key focuses:

- Deepening and strengthening integration
- Getting at-risk kids into high quality programs
- Raising quality

Preschool for All (PFA) programs and Head Start (HS) programs: Integration strategy is development of a unified, statewide professional development plan to include all local school district and HS providers. Need to think about how to redirect PD resources to be in alignment with a statewide plan. We will likely try things out within the 6-8 communities which will help inform and develop how PFA, HS and Child Care all work together.

Quality Specialist Training: Plan is to include all specialists (e.g. Infant Toddler) as well as those who provide support to HS, PFA etc. Think about communities of practices/opportunities to connect and integrate throughout all systems (cross-sector support). Important to consider how we utilize current resources. We heavily fund Professional Development already through ISBE and IDHS. This grant has limited additional \$\$ to expand PD. Need to focus resources on approaches that will have most impact.

What is status of child/staff ratio? Have reached out to NAEYC and will have a presentation via webinar at the October 31 meeting. NAEYC clearly has taken the approach that although staff/child ratio is important, it is not the only indicator of quality. We want to learn more about research that supports this approach.

Comments: In our original proposal it was stated that child/staff ratios would be more rigorous than licensing at Level 4.

- In recent conversations, we have revisited this—no decisions have been made. We all want more rigorous standards – we have to figure out what are the trade-offs are and how we can achieve that.

Comments: We have made revisions to our original proposal in light of lessons learned from other states, what we know here in Illinois, etc. Our plan must be deeply informed by research. If NAEYC can provide information and research/rationale during our upcoming TQRIS 10.31 meeting via webinar, this will help our group gain a better understanding. (Note: *other sources of research are welcomed for sharing at this meeting—please let Theresa know if you have resources to share*).

Staff/child ratio has huge implications for our system.

NAEYC has capacity to look at national data and see if there is significance in programs meeting accreditation criteria (including the topic of quality and staff/child ratios). We also have information from other states – which had much higher standards related to staff/child ratio.

Health standards – at our previous TQRIS meeting we decided we weren't going to include specifics on health since DCFS is considering including (health related) changes in licensing which would eliminate the necessity of

this coming from RTT. Nothing specific will be included in our grant regarding health standards – our application will state that licensing is addressing this.

Comment: IDCFS is working on the Rule right now – has an active work group meeting weekly to add health standards and develop procedures. That will take several months – and then time to go through the JCAR process.

Quality Levels:- At this time, we are considering use of Bronze(#2), Silver (#3), Gold(#4) with Level 1 being Licensing and Level 5 not really a level but reached through Award(s) of Excellence. Voting/poll was all over the board. It is critical to involve marketing people as we think about how to inform parents and rollout an easily understood statewide system. Social research and how parents may use this system are key considerations. As this application goes in, we won't have all the details finalized. Since everything goes into place next July of 2013, we have time to further refine and clarify. Grant submitted will likely say that Level 4 is under discussion on issue of ratios and group size.

Meeting with City of Chicago: very positive dialogue. They have resources and connections – we will utilize and build on their resources/including website.

Marketing is critical: lots of potential for unintended outcomes as we consider how to identify or name things. In our grant we refer to Levels and note we will work with marketing to assign names/develop more details.

Comment: We need to be sure we recognize a continuum of quality – message to providers that you need to get on this continuum at some level and then move forward from there.

If no additional questions:

- **Next Ad Hoc TQRIS Meeting: October 31.**
- **Reminder: submit names for the Level 5 (Award of Excellence) teams. We will share information as to when the groups are meeting as it becomes available.**
- **Thank you for all the questions which help us address concerns and prepare for the ELC meeting on October 22.**